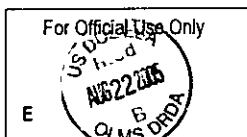


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -  12506	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name JAMES I KUROIWA  P.O. Box, Bldg., Room No., if any  Street 1617 PALAMA STREET  City HONOLULU  State Hawaii ZIP Code +4 96817-3043	4. Name, file number, and address of labor organization.  Name LABORERS AFL-CIO LOCAL 368  Labor Organization File Number 042-957  P.O. Box, Building and Room Number, if any  Street 1617 PALAMA STREET  City HONOLULU  State Hawaii ZIP Code +4 96817-3043
5. Position in labor organization. LECET DIRECTOR	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income.           7.b. Amount.           

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 08/15/2005 (808) 841-5877 Date Telephone Number

Name of Person Filing JAMES KUROIWA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name HAWAII LABORERS' &amp; EMPL COOP EDUC TRUST FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1221 KAPIOLANI BLVD., SUITE 90C</p> <p>City HONOLULU</p> <p>State Hawaii ZIP Code + 4 96814-3502</p>	<p>11.a. Nature of such dealing.</p> <p>PERSON FILING IS THE DIRECTOR FOR THE NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS, ON A FULLY REIMBURSED BASIS</p> <p>(SEE ATTACHED WORKSHEET)</p> <p>11.b. Approximate dollar value of such dealing. \$75,793</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

**JAMES KUROIWA****HAWAII LABORERS AND EMPLOYERS COOPERATIVE AND EDUCATION TRUST FUND**

<b>FUND</b>	<b>NAME OF CONFERENCE</b>	<b>TOTAL PAYMENTS</b>	<b>AMOUNT EXPENSED</b>	<b>AMOUNT REFUNDED</b>
LECET	LIUNA Tri-Fund Conference January 18 - 22, 2004	\$ 4,861.08	\$ 2,681.45	\$ 2,179.63
LECET	Southwest-Pacific District Meeting April 4 - 8, 2004	\$ 3,030.70	\$ 1,469.53	\$ 1,561.17
LECET	Computer Services Conference 2004 May 26 - 28, 2004	\$ 3,445.50	\$ 3,476.89	\$ (31.39)
LECET	Annual/Quarterly Meetings July 22 - 25, 2004	\$ 775.00	\$ 428.40	\$ 346.60
LECET	2004 W - 2 Wages	\$ 62,936.88	\$ 62,936.88	\$ -
LECET	Auto Allowance	\$ 4,800.00	\$ 4,800.00	\$ -
<b>Total</b>		\$ 79,849.16	\$ 75,793.15	\$ 4,056.01